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Attorney for Petitioner
ANA BIOCINI

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA**

ANA BIOCINI,
A 91 182 333, an individual
Petitioner,

vs.

MICHAEL MUKASEY, in his official
capacity as Attorney General of the United
States; MICHAEL CHERTOFF, in his official
capacity as Secretary of the Department of
Homeland Security; NANCY ALCANTAR in
her official capacity as San Francisco Field
Office Director of U.S. Immigration and
Customs Enforcement, Detention and
Removal; DONNY YOUNGBLOOD, in his
official capacity as Sheriff of Kern County
Sheriff's Department and Lerdo Detention
Facility,

Respondent(s)

Case No.

EXHIBIT INDEX

TABLE OF EXHIBITS

- A. Ms. Ana Biocini's Declaration.
- B. Immigration Judge's Denial of Bond
- C. Board of Immigration Appeals Affirmance of Immigration Judge's Denial of Bond
- D. PACER
- E. Kern Medical County - Emergency Room Medical Record (May 29, 2007)
- F. Surgery Authorization Request (July 26, 2007) and Immigration and Customs Enforcement's Denial of that Request (July 31, 2007)
- G. Surgery Authorization Request (August 30, 2007) and Immigration and Customs Enforcement's Denial of that Request (September 18, 2007)
- H. Lerdo Detention Facility's Refusal to Removal Heavy Shackles
- I. Dr. Korn's Affidavit and Attached Medical Records
- J. Notice of Custody Review (September 15, 2006)
- K. Immigration and Customs Enforcement's Decision to Continue Detention (December 07, 2007)
- L. Administrative Record

Exhibit A

Declaration of Ana Biocini

1
2 1. I, ANA BEATRIZ BIOCINI, declare under the penalty of perjury that the following is
3 true and correct to the best of my knowledge. My name is Ana Beatriz Biocini. I am currently
4 under the custody of the U.S. Immigration and Customs Enforcement ("ICE") and detained at the
5 Bakersfield "Lerdo" Detention Facility, located in Bakersfield, California. I have been in the
6 continuous custody of ICE since March 2, 2006.

7 2. Before Bakersfield, I was detained at Yuba County Jail in Marysville, California, from
8 March 2, 2006 until June 6, 2006. In total, I have been in ICE custody for over 19 months.

9 3. Around March 2006 in Yuba County Jail, I began to experience discomfort in my
10 bowels. It became increasingly difficult to pass my stool. I would become severely constipated
11 with every attempt. At one point, I was constipated for three days. The only medical advice that
12 I received during this period was for me to consistently take Metamucil.

13 4. The Metamucil, however, was only minimally helpful. After about one month of
14 taking it, the pain that I was experiencing did not subside. One day, the pain returned and was so
15 vicious that I had to scream from the bathroom for the staff to take me to the infirmary. Once I
16 was there, the only medical care I received was some Milk of Magnesia, which only temporarily
17 helped me to pass my stool. Thereafter, the only medical treatment I received for recovery was
18 Metamucil and some laxatives. I began to suspect that my colon needed to be examined. I
19 requested a colon test; however, it was denied due to cost considerations.

20 5. On June 6, 2006, I was transferred to Bakersfield "Lerdo" Detention Facility. My pain
21 and severe constipation continued to worsen. In October 2006, I began to see a small "ball"
22 coming out of my body when I used the restroom. After this discovery, I reported this to a
23 doctor at the Detention Center; however, the doctor insisted it was hemorrhoids without
24 conducting a physical examination. After the visit, I requested another colon test to examine the
25 protruding ball. However, this colon test was also denied because it was not included under
26 ICE's budget. They continued to only provide medication for constipation.

27 6. On April 28, 2007, I was scheduled another visit. On May 3, 2007, I saw the doctor
28 here in the detention facility. In the days prior to the visit, however, I became very sick.

1 Unfortunately during the visit, the doctor again told me that my bowel discomfort is caused
2 solely by my mental stress and anxiety, and that it is not a serious medical problem. In fact, he
3 called it a "functional" illness, and decided that I merely had "irritable bowel syndrome" and
4 hemorrhoids again without performing an actual, physical exam on me. I did not think this
5 would be right, but there was nothing I could do about it.

6 7. On the evening of May 29, 2007, I was again having difficulties going to the restroom
7 and began to bleed severely. At about 7 PM, after trying many times to go to the bathroom that
8 evening, the "ball" came out of my body as I was making an effort to pass my stool. I tried hard
9 to place it back into my body but I was not able to, because the "ball" had grown in size and
10 became very large. I tried to call for help on the intercom, but no one responded. I finally got a
11 nurse to help and examine me after about an hour. After the nurse saw my conditions, she
12 decided that she could not help me and I needed a doctor immediately. The nurse then had me
13 taken to the Emergency Room of Kern Medical Center, located outside of the detention facility,
14 for emergency care.

15 8. After I arrived at the Kern County Medical Center, I informed the doctor and nurses of
16 the fact that I have experienced this protruding "ball" since October 2006, and that no one has
17 properly attended to my concerns. The medical staff informed me that this was part of my
18 rectum and intestine coming out of my body. They were very concerned, and they expressed
19 shock that I have never been treated for this problem. Around midnight, the doctor successfully
20 placed my displaced intestine back into my body and alluded to a possible surgery. It was not
21 until 2:30AM the following morning was I able to return to the detention center. During this
22 whole time, Ms. Bravo of the Bakersfield Detention Center assisted me, and she can attest to the
23 veracity of my statements.

24 9. On June 4, 2007, I saw the doctor at the Detention Center again. Nevertheless, he
25 simply prescribed a discrete diet of soft foods and Metamucil.

26 10. On June 7, 2007, I met with the doctor at the Kern Medical Center again and
27 reiterated that I have been bleeding from my rectum since May 2007. The doctor suggested that
28

1 I might have colon cancer, or in the alternative "rectal prolapse." Either way, I would need a
2 colon test and probably surgery.

3 11. Thereafter, I was scheduled and re-scheduled for a colon exam 4 times: June 11, June
4 15, June 22, and finally, on June 29 I got my colon exam. Fortunately, it was determined that I
5 do not have colon cancer. However, the doctor also did not believe my condition warranted a
6 colon operation.

7 12. On July 26, 2007, I visited the Kern Medical Center once again for my follow-up
8 exam after the colon test. This time, Dr. Nicole Thomas, examined and confirmed that I do
9 indeed have rectal prolapse. She also informed me that my organs have been out of placement
10 due to my prolonged illness, therefore surgery would be necessary for my organs to be restored
11 to their correct positions. ICE summarily denied Dr. Thomas' recommendation for surgery.

12 13. Since the night of my emergency visit to the Kern Medical Center, the fact that a
13 consistently growing "ball" would exit my body when I use the restroom has become a complete
14 nightmare: it happens every single time I have bowel movements. Consequently on August 3,
15 2007, I visited the doctor inside the detention facility again. This time he actually examined me,
16 agreed that I did have a big "ball" protruding, but he insisted once again that I do not need
17 surgery. In his own words, he told me that I "could handle it, it isn't that bad." When I insisted
18 that his medical opinion contradicted that of Dr. Thomas's from the Kern Medical Center, he
19 rudely asked me to leave his office.

20 14. As time continued, my condition was quickly deteriorating and clearly affecting other
21 organs of my body. I began consistently bleeding from my vagina and another ball started to
22 protrude from my vagina. Therefore on August 29, 2007, I visited a specialist at Kern Medical
23 Center. He not only confirmed my diagnosis of rectus prolapse, but also determined that I have
24 vaginal prolapse. The doctor stated that I have a propensity to these conditions due to the lack of
25 treatment, lack of early detection, and lack of surgery for the rectus prolapse.

26 15. On August 30, Dr. Lopez, a surgeon, told me that not only do I have vagina prolapse,
27 but my uterus is also displaced. They speculated that my bladder and kidneys have also become
28 affected. At that time, Dr. Lopez recommended that I have surgery, where my uterus and ovaries

1 are completely removed, due to the severity of the condition to prevent further damage to other
2 organs.

3 16. On September 11, 2007, at Kern Medical County, Dr. Hoang, a gynecologist surgeon,
4 scheduled the surgery for September 29, 2007 and discussed the necessary procedures. Dr.
5 Hoang stated that the surgery had been approved. Dr. Hoang stated that in the event I do not
6 wish to have my uterus and ovaries entirely removed, I can opt for a difference procedure
7 whereby the uterus and ovaries would be pulled up from a stomach incision and holding the
8 organs together with stitches. I chose the less anatomically sacrificial procedure.

9 17. On October 2, 2007, after a medical request to question the delayed surgery, I was
10 told that INS refused to pay for the surgery; and therefore, it was cancelled. The nurse told me
11 that it was denied on September 21, 2007.

12 18. On October 10, 2007, I saw a doctor at the Detention Center and asked him why the
13 surgery was cancelled. He stated that he "no longer wanted to be my doctor" and to direct any
14 questions to the nurses department. The same day, I asked Nurse Teresa for a copy of the letter
15 detailing the reasons for the denied surgery. The treatment was denied "per consult with DIHS,
16 [Division of Immigration Health Services,] staff physician" on September 18, 2007.

17 19. Here at the Bakersfield Detention Center, I cannot adhere to the soft diet that has been
18 prescribed to me by my doctor at the Kern Medical Center, which leads me to avoid many meals
19 completely because I do not want to risk my health any further. Similarly, I cannot get the
20 necessary toilet products to clean myself. The doctor at the Kern Medical Center recommends
21 that I keep my body as clean as possible to reduce the chances of infection. But, simply
22 acquiring enough toilet paper has become very difficult.

23 20. For more than 19 months now, I have been sitting in ICE detention with my case
24 pending on appeal. My son, Peter Biocini, has been struggling to perform the rudimentary
25 assignments in school while battling clinical depression and anxiety disorder. According to the
26 diagnosing psychologist Dr. Chase Spangler, my son has been distraught and disoriented ever
27 since my detention, and not knowing at all when I will be released again has contributed
28 significantly to the exacerbation of his conditions.

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Executed in Bakersfield, California, on 1/11/08.

Ana Biocini

Exhibit B

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
SAN FRANCISCO, CALIFORNIA

Matter of:

Ana Beatriz BIONCI,

Respondent

) Date: April 25, 2007
)
)
)
)
)
)

File Number **A 91-182-333**

In Bond Proceedings

Charges INA § 237(a)(2)(A)(iii) – Alien Convicted of an Aggravated Felony

Application: Deferral of Removal Under the Convention Against Torture

On Behalf of the Respondent:

Holly Cooper, Esq.
Immigration Law Clinic
University of Davis, School of Law
1 Shields Ave.
Davis, CA 95616-8821

On Behalf of the DHS:

Sherry Nohara
Office of the Chief Counsel
630 Sansome Street, Suite 200
San Francisco CA 94111

MEMORANDUM AND ORDER

Respondent, Ana Beatriz Bioncini, is a native and citizen of Colombia who entered the United States at Miami, Florida on or about February 11, 1981 as a nonimmigrant visitor. Her status was adjusted to that of a lawful permanent resident on May 5, 1989, pursuant to section 245 of the Immigration and Nationality Act (INA). On April 28, 2003 Respondent was convicted for violating 21 U.S.C. § 846, Conspiracy to Distribute Cocaine. The Department of Homeland Security (DHS) initiated removal proceedings against Respondent on January 28, 2005. She was charged with being removable under Section 237(a)(2)(A)(iii) of the INA as an alien convicted of an aggravated felony.

On May 16, 2005, Respondent submitted an application for asylum and withholding of removal. At a hearing on December 19, 2005, Respondent admitted the factual allegations lodged against her and conceded removability. Respondent also conceded that her federal drug conviction is an aggravated felony that renders her ineligible to apply for asylum. The court found that under *Matter of Y-L-*, 23 I&N Dec. 270 (A.G. 2002), Respondent's federal drug conviction constitutes a particularly serious crime, making her ineligible for withholding of removal pursuant to section 241(b)(3)(ii) of the INA.

The court heard testimony on Respondent's application for protection under the Convention Against Torture on December 19, 2005 and February 15, 2006. On April 13, 2006 the court denied that application and ordered Respondent removed to Columbia. That decision was affirmed by the Board of Immigration Appeals on August 31, 2006 and thereby became administratively final.

Respondent has filed a motion for bond redetermination. She states that she has filed a petition for review with the Court of Appeals for the Ninth Circuit and that the court of appeals has issued a stay of removal. She acknowledges that 8 CFR section 1241.3 directs that an alien with a final order of removal be taken into custody, and that under section 1241.4, once an order of removal is administratively final, authority to continue detention or grant release rests with DHS, not the immigration courts. She contends, however, that the removal period has not begun when a BIA final order has been appealed and the court of appeals has issued a stay. *See* 8 U.S.C. 1231 (a)(1)(B) [INA 241(a)(1)(B)].

If Respondent's argument regarding the onset of the removal period is correct, the result is that a final decision on whether the Respondent should be removed is still pending. She is therefore, given her criminal conviction, subject to mandatory detention under section 236(c)(1)(B) of the INA, as an alien convicted of an aggravated felony and convicted of an offense relating to controlled substances.

Respondent contends that continued detention under section 236 would violate her rights to due process. But an administrative court cannot adjudicate constitutional claims. *Hernandez-Rivera v. INS*, 630 F.2d 1352, 1355 (9th Cir. 1980).

ORDER: The motion for bond redetermination is **DENIED**.

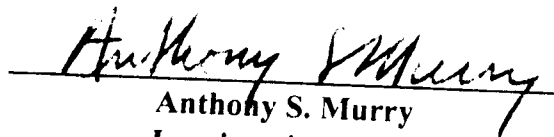

Anthony S. Murry
Immigration Judge

Exhibit C

530-752-08
Holly Cooper



U.S. Department of Justice

Executive Office for Immigration Review

Board of Immigration Appeals
Office of the Clerk

5101 Leesburg Pike, Suite 2000
Falls Church, Virginia 22041

Cooper, Holly S., Esquire
P.O. Box 73015
Davis, CA 95617

Office of the District Counsel/SFR
P.O. Box 26449
San Francisco, CA 94126-6449

Name: *F-BIOCINI, ANA BEATRIZ

A91-182-333

Date of this notice: 6/25/2007

Enclosed is a copy of the Board's decision and order in the above-referenced case.

Sincerely,

Donna Carr

Donna Carr
Chief Clerk

Enclosure

Panel Members:
PAULEY, ROGER

Ad

U.S. Department of Justice
Executive Office for Immigration Review

Decision of the Board of Immigration Appeals

Falls Church, Virginia 22041

File: A91 182 333 - San Francisco, CA

Date:

JUN 28 2007

In re: ANA BEATRIZ BIOCINI


IN BOND PROCEEDINGS

APPEAL

ON BEHALF OF RESPONDENT: Holly S. Cooper, Esquire

ORDER

PER CURIAM. This is an appeal from an Immigration Judge's order denying the respondent's request for a change in custody status. We note, however, that the Board has completed the respondent's appeal of the removal order in a decision dated August 31, 2006. Thus, there is a final administrative order. The authority of an Immigration Judge to set bond conditions ceases at the entry of a final administrative order. See 8 C.F.R. § 1236.1(d). This Board's authority to set bond conditions on appeal from an Immigration Judge's order derives from the Immigration Judge's underlying authority to redetermine conditions of custody. Although the respondent argues that the Immigration Judge retains jurisdiction over the respondent's custody, at this time neither an Immigration Judge nor this Board has authority to set bond conditions because a final order of removal has been entered in the respondent's case. Accordingly, the instant bond appeal from the Immigration Judge's bond order is dismissed as moot.


FOR THE BOARD

CH

Exhibit D

[Print Page](#)

General Docket

US Court of Appeals for the Ninth Circuit

Court of Appeals Docket #: 06-74408

Filed: 9/11/06

Nsuit: 0

Biocini, et al v. Mukasey

Appeal from: Immigration and Naturalization Service

Case type information:

- 1) agency
- 2) review
- 3)

Lower court information:

District: 0971-3 : A91-182-333

Date Filed: 9/11/06

Date order/judgment: **/**/**

Date NOA filed: **/**/**

Fee status: paid-----
Prior cases:

None

Current cases:

None

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06-74408 Biocini, et al v. Mukasey

ANA BEATRIZ BIOCINI, aka Ana
Racines Jaramillo, Ana
Jaramillo de Rivera
Petitioner

Holly S. Cooper, Esq.
FAX 530/752-0822
530/754-4833
[COR LD NTC ret]
LAW OFFICES OF HOLLY COOPER
P.O. Box 4358
Davis, CA 95617-4358

v.

MICHAEL B. MUKASEY, Attorney
General
Respondent

Ronald E. LeFevre, Chief
Counsel
[COR NTC gov]
OFFICE OF THE DISTRICT COUNSEL
Department of Homeland Security
P.O. Box 26449
San Francisco, CA 94126-6449

Edward J. Duffy, Attorney
FAX 202/616-4949
202/353-7728
[COR LD NTC gov]
John D. Williams, Esq.
FAX 202/307-0592
202/616-4854
[COR LD NTC gov]
DOJ - U.S. DEPARTMENT OF
JUSTICE
Civil Div./Office of
Immigration Lit.
P.O. Box 878, Benjamin Franklin
Station
Washington, DC 20044

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06-74408 Biocini, et al v. Mukasey

ANA BEATRIZ BIOCINI, aka Ana Racines Jaramillo, Ana
Jaramillo de Rivera

Petitioner

v.

MICHAEL B. MUKASEY, Attorney General

Respondent

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06-74408 Biocini, et al v. Mukasey

9/11/06 FILED INS Petition for REV and Motion for Stay. Docketed Cause and Entered Appearance of Counsel. Pursuant to G.O. 6.4(c)(1)(3) A TEMPORARY STAY OF REMOVAL IS IN EFFECT pending further order. The schedule is set as follows: Pursuant to G.O. 6.4(c)(1)(3), the schedule is set as follows: Cert. Admin. Record due 11/6/06 Response to motion for stay due 12/4/06 for Alberto R. Gonzales. (MOATT) [06-74408] (jd)

9/11/06 Filed Petitioner Ana Beatriz Biocini's motion to stay deportation (see schedule above) [06-74408] served on 9/8/06 [5942711]. (MOATT) [06-74408] (jd)

9/11/06 Verified that Petitioner's counsel of record has been admitted to practice in this court. [06-74408] (jd)

9/11/06 Detained: Yes [06-74408] (jd)

9/22/06 Received notification of payment of docket fee (date paid: 9/22/06) [06-74408] (wp)

10/31/06 Electronic Certified Administrative Record Filed. CD-ROMS: 1 [06-74408] (rays)

11/6/06 Received Respondent Alberto R. Gonzales letter dated 10/30/06 re: the record has been filed [06-74408] (wp)

12/21/06 Received (late) Respondent Alberto R. Gonzales's motion to dismiss; opps to motion for stay and request to hold briefing in abeyance; served on 12/18/06. (MOATT) [06-74408] [06-74408] (dv)

12/26/06 Filed Petitioner Ana Beatriz Biocini's motion to extend time to file response to respondent's motion to dismiss and reply to opposition to motion for stay of removal. (MOATT) [06-74408] served on 12/22/06 [6049097] [06-74408] (wp)

1/3/07 Received Petitioner Ana Beatriz Biocini's addendum to petitioner's motion to extend time (MOATT) [6049097-1] ,served on 1/2/07 [06-74408] (wp)

1/22/07 Filed Petitioner Ana Beatriz Biocini's reply to respondent's opposition to motion for stay of removal. (MOATT) [6041214-1] served on 1/19/07 [06-74408] (wp)

1/22/07 Filed Petitioner Ana Beatriz Biocini response to respondent's motion to dismiss (MOATT) [6041214-1] served on 1/19/07 [06-74408] (wp)

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06-74408 Biocini, et al v. Mukasey

2/22/07 Filed order MOATT (A. W. TASHIMA, Sidney R. THOMAS): Pet's motion for extension of time to file a response is granted. Resp's motion to dismiss for lack of juris is denied w/o prejudice to renewing the arguments in the answering brief. The record has been filed. The op brief is due 5/29/07, ans brief 7/28/07, reply brief is due 14 days after service. [06-74408] (ca)

5/25/07 14 day oral extension by phone to file Petitioner's opening brief [06-74408]. Petitioners' brief due 6/12/07; respondents' brief due 8/13/07; the optional reply brief is due 14 days after service of the answering brief. (lb)

6/13/07 Filed original and 15 copies Petitioner Ana Beatriz Biocini opening brief (Informal: no) 56 pages served on 6/12/07 [06-74408] (wp)

7/30/07 Rcvd notice of appearance of Edward Duffy (Withdrew as counsel: attorney OIL for Alberto R. Gonzales [06-74408] (wp)

7/30/07 Filed Alberto R. Gonzales motion to extend time to file respondent's brief (promo) [06-74408] served on 7/27/07 [6248076] (wp)

8/2/07 Filed order (Deputy Clerk: cag) Respondent's motion for an ext of time to file respondent's brief is granted. The respondent's brief is due 9/27/07. The reply brief is due 14 days after service of the answering brief. [06-74408] (wp)

9/21/07 Received Ana Beatriz Biocini additional citations, served on 9/19/07 (MERITS PANEL) [06-74408] (wp)

9/25/07 Received Respondent Alberto R. Gonzales letter dated 9/24/07 re: request for mediation. (CONFATT) [06-74408] (wp)

9/28/07 Filed order CONFATT (em) Case referred to Confatt for assessment conference only. Conference to be on 10/31/07 at 11:00. By telephone (y/n): yes. The briefing schd is vacated. [06-74408] (wp)

10/26/07 Filed order CONFATT (RGA) At the request of cs1 for petitioner, the conference schd for 10/31/07 is reschd for assessment conference only on 11/8/07 at 11:00. By telephone (y/n): yes. [06-74408] (wp)

11/13/07 Filed order CONFATT (RGA) The court will initiate a further assessment conference by telephone on 12/4/07, at 10:30 a.m. PACIFIC (San Francisco) Time. [06-74408] (ec)

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12/6/07 Filed order CONFATT (RGA) A further pre-briefing conference will be held on 2/12/07 at 11:00 By telephone (y/n): yes [06-74408] (wp)

1/22/08 Filed joint motion to remand and stay the briefing schd. (CONFATT) [06-74408] Served on 1/18/08 [06-74408] (wp)

1/29/08 Order filed CONFAT (Dep. Clk. RGA) The further assessment conference previously scheduled for 2/12/08, is cancelled. The parties' joint motion to remand this matter to the Board of Immigration Appeals is granted. Based on further agreement of the parties, and pursuant to Appendix A(52) of the General Orders, the Court orders that petitioner's removal is stayed pending a Board decision in this matter. The certified copy of this order sent to the agency shall constitute the mandate. REMANDED. (Procedurally Terminated Without Judicial Action; Remanded) [06-74408] (lin)

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PACER Service Center			
Transaction Receipt			
02/03/2008 17:02:01			
PACER Login:	ukz127	Client Code:	
Description:	dkt report	Case Number:	06-74408
Billable Pages:	6	Cost:	0.48

Exhibit E

KERN MEDICAL CENTER
1830 FLOWER ST. BAKERSFIELD, CA 93305

EMERGENCY MEDICINE RECORD

PATIENT NAME: **BIOCINI, BEATRIZ ANA** DATE ARRIVED: **05/29/07** TIME: **23:09** ARRIVAL MODE: **SHERIFF KERN CTY** MEDICAL RECORD NO: **0001178074**

STREET ADDRESS: **17635 INDUSTRIAL FARM RD** CITY: **BAKERSFIELD** STATE: **CA** ZIP: **93308**

PHONE: **(661) 391 7913** SOCIAL SEC NO: **000-00-0001** MARITAL STATUS: **SS**

NS: **NO** POL: **BK#1709304** DATE OF BIRTH: **06/30/54** AGE: **52Y** SEX: **F**

IN EMERGENCY: **NO** POL: **NO** BUSINESS PHONE: **NO**

ACCIDENT: **NO** DATE OF ACCIDENT: **NO** TIME: **NO** PLACE: **NO**

CHIEF COMPLAINT: **PROBLEM** MEDICAL EVALUATION: **OBJECT FINDINGS See Image Note**

T₂ 48° BP 123/76 HR 85 RR 18 O₂ 98%

TIME OF FIRST SYMPTOMS: **2309 GR** PRIMARY CARE PHYSICIAN: **23 09** ME RECEIVED TO AREA: **23 09** TIME SEEN BY M.D.: **24 00:00**

CHIEF COMPLAINT: **Something came out from my rectum**

☒ VITAL SIGNS REVIEWED FROM TRIAGE ☒ NURSING NOTES REVIEWED ☒ EMS NOTES REVIEWED

ALLERGIES: **none** SOB: **none** Nurse's notes: **none**

HISTORIAN: **Patient** / **Friend** / **Family** / **EMS**

HX LIMITED BY: **Acuity** / **ALOC** / **Intoxication**

ARRIVED BY: **EMS** / **Walk-in** / **Private Auto**

CHECK BOX(ES) FOR NORMALS, CIRCLE POSITIVES, SLASH NEGATIVES, NOTE FINDINGS

HISTORY OF PRESENT ILLNESS

52yo FE sensation of something coming out of her rectum. ~~the occurred~~ For 6-7m has sensation of this. ~~of Enzyme~~ ~~that~~ had BM. Laid push back in. On 4/28/07 so sh had pain, couldn't have BM, could't palpate. Since then, ~~rectal~~ ~~had~~ ~~rectal~~ ~~pain~~ today, 2 17:00, during BM, couldn't reduce.

ONSET: gradual / sudden / insidious

TIMING: constant / intermittent

DURATION: mins / 7 hrs / days

QUALITY: aching / burning / cramping / pressure / sharp / stabbing / squeezing / tearing

SEVERITY: mild / moderate / severe **10/10**

CONTEXT: **W/O & palpate**

ASSOC. SIGNS/SXS: ☐ none

- can't walk; can't kneel

MODIFYING FACTORS: ☐ nothing

- loose & watery

LOCATION/RADIATION:

- rectum;

- starts glc

MEDICAL RECORDS REVIEWED: **none** / **inside facility**

RECENT PRIOR AND SIMILAR EPISODES: ☐ NONE

WORKUP: **none**

DIAGNOSIS: **none**

TREATMENT: **none**

PRINTED BY: **CLEMENT**

DATE: **6/11/2007**

REVIEW OF SYSTEMS

☐ CONSTITUTIONAL: fever / chills / wt loss / weakness

☐ EYE: blurred or double vision / pain / photophobia

☐ ENT: congestion / epistaxis / pain / discharge

☐ CVS: chest pain / palpitations / orthopnea / edema / DOE

☐ RESP: cough / dyspnea / sputum / wheezing / hemoptysis

☐ GI: **GI pain** / heartburn / melena / distension / vomiting / nausea / diarrhea

☐ GU: dysuria / urgency / hesitation / hematuria / discharge / bleeding

☐ MUSCLE: pain / swelling / stiffness / weakness

☐ SKIN: rash / discolorations / jaundice / pruritus

☐ NEURO: headache / LOC / numbness / confusion / memory loss

☐ HEME/ENDO: bruising / bleeding / polyuria / polydipsia / adenopathy

☐ ALLER/IMMUNE: rash / itching / swelling

☐ PSYCH: anxiety / depression / sleep / appetite disruption / mood change

☒ ALL OTHER SYSTEMS REVIEWED AND ARE NEGATIVE

PAST MEDICAL, FAMILY AND SOCIAL HISTORY

PMH: **unknown** / **none**

SURGICAL HX: **none**

CAUTION: CHF / MI / DDM / NIDDM / COPD / AS / HMA / CVA / PUD / GERD / BILARY DZ / PANCREATITIS / CRF / RENAL STONES / HEPATITIS

IMMUNIZATIONS (U): **Y** / **N**

GYN HX: **G** / **P** / **TAB** / **SAB**

LMP: **none** / **3m**

SOCIAL HX: **none**

Tobacco: **none**

Alcohol: **none**

Drugs: **none** / **sa 94**

in jail 2-1-54

ACCT # 071490

30

PATIENT BIOCINI, BEATRIZ ANA
ADMIT DATE: 05/29/07

MEDREC# 0001178074

DOB 06/30/54

CHECK BOX FOR NORMALS. CIRCLE POSITIVES. SLASH NEGATIVES. NOTE FINDINGS

PHYSICAL EXAM

Only use chart areas that are clinically indicated

GEN: Distress no (initial) mild/severe hydration (nl) dehydrated
VVS reviewed from nurses notes (nl) abn YALE
P OX 98% on (RA) (nl) hypoxic
Exam limited by: urgency of pt's condition or altered mental status
Alert and O x 3 Nutrition status (nl) cachectic/obese
Orthostatic vitals: (nl)

EYE:

PERLLA (nl) Lids, Sclerae, Conj, Cornea (nl) Fundi (nl) EOM's intact

ENT:

Nasal Exam (nl) Canals, Hearing, TM's (nl) Tonsils, Pharynx (nl)

NECK:

No JVD (nl) Trachea (nl) No Meningeal Signs (nl) Thyroid nl

CV:

SRR (nl) No abn sounds, murmurs (nl) No edema
Pulses (nl) Carotid nl (nl) Abd Aorta nl (nl) Femoral nl (nl) Periph nl
2+ radial

RESP:

Effort (nl) Chest Wall Palpation (nl) Lungs clear (nl) Bilat BS

GI/ABD/BACK:

Soft (nl) w/o masses (nl) BS nl
Liver/Spleen nl (nl) No CVAT
Rectal nl HEME (nl) pos (nl) neg
soft diffuse mild tenderness
band, sigmoid
rectum palpated ~ 4 cm

MALE: Ext Gent nl (nl) Testes nl (nl) Prostate nl
FEMALE: Ext Gent (nl) Cx nl
No vaginal discharge
Uterus n size, Non tender
Adnexa nl (nl) No CMT

NEURO:

Cr Nerves intact (nl) DTR's equal (nl) Motor intact (nl) No abn reflexes
Sensation intact (nl) DQ x 3

PSYCH:

SAD SCORE:

MME:

Insight/Judgement (nl) Recent/Remote Memory (nl) Social Support (nl)
Hallucination (nl) Mood/Affect (nl) Suicidal/Homicidal ideation (nl)

SKIN:

Warm Dry Well hydrated (nl) No Rash (nl) No Nodules

MUSC/SKEL TX/REMITIES

Strength & Tone (nl) Joints w/o effusion or tenderness
ROM (nl) Dgls Nails (nl) BACK (nl) gait (nl) ROM (nl) SKE

MEDICAL DECISION MAKING

DIAGNOSTIC CONSIDERATIONS: rectal polyps

DIAGNOSTIC TESTS

For ordered and normal, circle and note abnormal

LAB

CBC (nl) (nl) except
WBC (nl)
Hgb (nl)
SFGS (nl) BANOS (nl)
BMP (nl) (nl) except
Na (nl) Cl (nl) (nl) (nl) (nl)
K (nl) CO2 (nl) AG (nl) CR (nl)
LMP (nl) (nl) (nl) (nl) (nl)
6/15/2007

UA (nl) (nl) except
WBC (nl) RBC (nl) BACT (nl)
HPT (nl) (nl) (nl) (nl) (nl) (nl)
CARDIAC ENZ (nl) (nl) (nl)
MISC (nl)
EKG (nl)

Read by ED MD (nl) Compared to (nl)
NSR (nl) Intervals (nl) QRS (nl) ST waves (nl) unchanged / changed

MONITOR/RHYTHM STRIP

NSR (nl) Ectopy (nl)

ABG

on RA / (nl) via NC / MASK / ET pH (nl) pCO2 (nl) PO2 (nl) HCO3 (nl)
Interpreted by ED MD as (nl) Hypoxic / Hypercarbic / Resp Acid / Met Acid

X-RAYS

Read by ED MD (nl)

CXR 2V / 1V (nl) (nl) (nl) Abn
Abd Series (nl) (nl) (nl) Abn
Ext (nl) (nl) (nl) Abn
(nl) (nl) (nl) Abn

TREATMENT / ED COURSE

O2 via NC / MASK / ET (nl) Critical Care (nl) mins
IV Fluids (nl)
IV Meds (nl) (nl) (nl) (nl)
Pain Meds (nl) (nl) (nl) (nl)
Foley (nl) NG tube (nl) Charcoal (nl) (nl) x (nl) with Proventil / Alprovent

RESPONSE TO TREATMENT / RE-EXAM:

Time: 0130 same/better/worse rectum reduced by bxs
Time: (nl) same/better/worse

PROCEDURES BY ED MD: (nl) CIRCLE AND DESCRIBE
ACLS CENTRAL LINE CARDIOVERT INTUBATION THROMBOLYSIS
EXT PACER CHEST TUBE NGT FOLEY LP SLIT LAMP CON-SED
EPISTAXIS-CON IPV DYE DIGITAL BLOCK FRACT/DISLOC REDUC SPLINT
LACERATION (nl) WOUND PREP (nl) IRRIGATED & DEBRIDED (nl) LOCAL ANESTH INJECTED
(nl) LAYERS CLOSED (nl) LENGTH (nl) cm
Risk, Benefits & Alternatives Discussed with Patient: (nl)

CLINICAL IMPRESSION(S)

1. Rectal Polyps

CONSULTATIONS: (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl)

DISPOSITION: (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl)

Home (nl) Admit: (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl)

Transferred to (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl)

CONDITION: (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl)

DISCH INSTR (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl)

TRAUMA PT (nl) YES (nl) NO (nl)

PLAN: (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl)

SIG: (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl)

I agree with and participated in determining the final impression, treatment, and disposition

Signature: (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl) (nl)

Faculty MD/DO Review

11-11-61

Emergency KMC Nursing Initial/Continuing Assessment Form

This section is to be completed, if after assessment there is a change in Priority.

Reclassification completed by Date: _____ Time: _____ by: _____ RN: _____

Priority Change ☐ No ☐ Yes, RED _____ ORANGE: _____ GREEN: _____ WHITE: _____

DATE 6/15/2007

EMERGENCY Nursing Initial Continuing Assessment: Fall 8, 1990

Page 2 of 4

Emergency, KMC Nursing Initial Continuing Assessment Form

[illegible]

PRINTED BY: CEMENT

EMERGENCY Recovery Initial Community Assessment Form 1000 DATE

6/16/2007

Date	Time	FLWSHEET NOTES (Record pt events, tasks, procedures)
5/24/77	2:30 PM	S. Enter ED a 51 y/o female brought by jail officer & chief complains of pain in the pelvic area & pressure behind her abdomen. (done) (monitoring vitals) (vital) → CO
2:40 PM		S. Dr. Pham & bedside (initials) P
3:00 PM		S. Releged to my IV & I given as ordered, no change pt. noted → CO
3:00 PM		S. Morphine 8 mg IV given as ordered, no change pt. noted → CO
3:10 PM		S. Nursing contact & bedside → CO
3:15 PM		S. Dr. Pham & bedside → CO
3:40 PM		S. Discharge instructions given, reviewed instructions, pt. well known & jail accompanied by officer in state chair → CO

[illegible]

Referrals or Reporting <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Law Enforcement <input type="checkbox"/> CPS/APS <input type="checkbox"/> Mental Health <input type="checkbox"/> Social Services <input type="checkbox"/> Animal Control <input type="checkbox"/> Public Health <input type="checkbox"/> Clergy <input type="checkbox"/> Infection Control <input type="checkbox"/> Coroner <input type="checkbox"/> Other		Primary Language: <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ Interpreter Used: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____	
Condition on Discharge: <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Expired			
Admission Date: _____ Time: _____ <input checked="" type="checkbox"/> N/A Admit to: _____ Time report called/Faxed: _____ Belongings List Completed: <input type="checkbox"/> Mode: <input type="checkbox"/> W/C <input type="checkbox"/> Gurney <input type="checkbox"/> Ambulatory <input type="checkbox"/> Other: _____ Transported by: <input type="checkbox"/> RN <input type="checkbox"/> LVN <input type="checkbox"/> Other: _____		Discharge Date: <u>8/30/17</u> Time: <u>2:10</u> <input type="checkbox"/> N/A Aftercare Instructions: <input checked="" type="checkbox"/> Verbalized understanding <input type="checkbox"/> AMA <input type="checkbox"/> AWOL <input checked="" type="checkbox"/> Home With: <input type="checkbox"/> Self <input type="checkbox"/> Family <input checked="" type="checkbox"/> Law Enforcement <input type="checkbox"/> Other Mode: <input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> W/C <input type="checkbox"/> Ambulance <input type="checkbox"/> Other <u>gail</u>	
Transfer Date: _____ Time: _____ <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Transfer to _____ Transfer <input type="checkbox"/> Forms Completed		Discharge By: <u>Gail Brown</u>	

DATE 6/15/2007
PAGE 4 of 4

Patient Label		Kern Medical Center Emergency Department Triage/Medical Screening Record	
AECT#0714901130 MEDREC#0001178074 BIOCINI, BEATRIZ ANA DOB DATE 06/29/07 DOB 06/30/54 SEX F		Name <u>BIOCINI</u> Date <u>5/29/07</u> Check in Time <u>23:09</u> Triage Time <u>23:09</u> Age <u>51</u> DOB <u>5/29/07</u> Gender <u>M</u> <u>F</u>	
How Arrived: <u>Walk</u> Auto Carried WC Brought in By: <u>FMS</u> <u>Police in Custody</u> Crime Victim Juvenile Delinquent		Private Health Provider: _____ Called Y N Language <u>ENGLISH</u> Interpreter _____	
(Complete check boxes or circle appropriate response) May be completed by RN, L/N or MIT			
Chief Complaint: <u>Hemorrhoids (from stool) On observation</u> Medications: <u>Lactulose Colace</u>			
Vitals Signs: BP <u>123/76</u> HR <u>85</u> RR <u>18</u> Temp <u>98.0</u> Sat <u>98</u> RA _____ 2nd BP L R _____ Comments _____		PMH: HTN Asthma Diabetes Cardiac Pacemaker COPD Cancer GIBU Renal Seizures Arthritis Drug/ETOH Hyponatremia Unknown Surgeries Other/Details _____	
Current pain level _____ Last Tetanus: <5yrs _____ 5yrs _____ Communicable Disease Exposure _____ Immunization: UTD None Link <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Hib		Tool used: <input checked="" type="checkbox"/> C-10 <input type="checkbox"/> Faces <input type="checkbox"/> FLACC	
ALLERGIES: <u>NKA</u> Allergic to Meds: Y N Hosp Products: Y N Food: Y N Latex: Y N If allergic explain symptoms: _____			
Weight: <u>140</u> (Kg) Height: <u>5'5"</u>			
Pediatrics: Cry Strong/Normal Whimpering Moaning High Pitched Activity Level: Playful Fussy Quiet Fontanelles: Flat Bulging Sunken			
SKIN COLOR: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> PALE <input type="checkbox"/> CYANOTIC <input type="checkbox"/> JAUNDICED <input type="checkbox"/> RASH		SKIN TEMP: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> COOL <input type="checkbox"/> DIAPHORETIC	
MENTAL STATUS: <input checked="" type="checkbox"/> Alert & oriented <input type="checkbox"/> Uncooperative <input type="checkbox"/> Confused <input type="checkbox"/> Lethargic <input type="checkbox"/> Agitated <input type="checkbox"/> Unconscious		SPEECH: <input checked="" type="checkbox"/> Coherent <input type="checkbox"/> Slurred <input type="checkbox"/> Incoherent <input type="checkbox"/> Non-verbal	
COLLECTED BY: _____ <input type="checkbox"/> RN <input type="checkbox"/> L/N <input type="checkbox"/> MIT		COMPLETED BY RN _____	
Triage Category: <input type="checkbox"/> RED <input type="checkbox"/> ORANGE <input type="checkbox"/> GREEN <input type="checkbox"/> WHITE Instructions: RED=Priority (1st) (Red color tag) ORANGE=Priority 2 (Orange tag) GREEN=Priority 3 (Green tag) WHITE=Priority 4 (White tag) TRIAGE DISPOSITION: <input type="checkbox"/> MAILED <input type="checkbox"/> FAST TRACK <input type="checkbox"/> I & D TRIAGE RN <u>L. A. 11/16/07</u> TRANSLATOR _____			
COMMENTS: _____			
ADVANCED TRIAGE As per standardized procedure: <input type="checkbox"/> PKG <input type="checkbox"/> LABS <input type="checkbox"/> XRAY <input type="checkbox"/> MEDS <input type="checkbox"/> URINE <input type="checkbox"/> OTHER: _____ MD FACULTY SIGNATURE: _____ KMC 580 6567 2149 (3/04) PRINTED BY: ELEMENT DATE: 6/15/2007			



ACCT#0714901130 MEDID# 0001178074

BIDCINI BEATRIZ ANA

FHS DATE 05-29-07 DOB: 06/30/54 SEX: F

Patient Name



Unit #

Date/Time:

5/29/07 10:23:50

Performed by

Clement

Ordering Phys:

Bayer HealthCare LLC
Clinitek Status®

Patient #

URINE DIP

	Multistix® 10 SG	normal
		negative
Code of Collc	Test date 05-30-2007	
	Time 11:28AM	negative
VOID	Operator 96 U	
	Test number 0313	negative
CC	Color Yellow	0.01-1.000
CATH	Clarity Clear	negative
	GLU Negative	
	BIL Negative	0.0
Specimen Clar	KET Negative	
	SG 1.015	0
CLEAR	BLU Trace-Intact	
	pH 8.5	0.0
HAZY	PRO Negative	
	URO 0.2 EU/dL	negative
TURBID	NIT Negative	
	LEU Negative	negative

HCG QUALITATIVE

POS NEG

RAPID STREP A

POS NEG*

*IF NEG. SEND 2ND SWAB FOR CULTURE AND INITIAL HERE

Normal Negative

FECAL OCCULT BLOOD

POS NEG

INITIAL HERE INDICATING PERFORMANCE MONITORS OK

Normal Negative

WHOLE BLOOD GLUCOSE

TIME

GLU

Normal 70-100 mg/dL

HEMOGLOBIN

g/dL

Philip M. Dutt, M.D., Laboratory Director
1830 Flower Street, Bakersfield, CA 93305

INITIATED BY: CLEMENT

DATE: 6/15/2007

WHITE: CHART COPY
CANARY: LAB COPY

LAB COPY



KERN MEDICAL CENTER
General and Outpatient Clinic, 1st County of Kern
Bakersfield, CA 93305

ACCT # 0714901 .0
PATIENT BUCINI, BEATRIZ ANA
ADMIT DATE 05/29/07

MEDREC # 000117807

DCB: 06/30/54

EMERGENCY AFTERCARE INSTRUCTIONS

The examination and treatment which you received has been rendered on an emergency basis only and is not intended to be substituted for complete medical care. It is important that you follow up with your clinic or private physician and report any new or remaining problem to him or her.

WOUND CARE:

- ☐ Keep wound covered until rechecked.
- ☐ If dressings get wet or dirty you should change them.
- ☐ Call your MD or the ER.
- ☐ Leave wound open to the air.
- ☐ You may wash the wound after _____ days.
- ☐ Return for wound recheck in _____ days.
- ☐ Sutures to be removed in _____ days.
- ☐ Limit movement of the affected part.
- ☐ Elevate the injured part higher than your heart, to decrease swelling and improve healing for _____ hours.
- ☐ Cool packs to the area to prevent swelling and pain for _____ hours.

DESPITE THE GREATEST CARE, ANY WOUND CAN BE INFECTED. RETURN IMMEDIATELY OR SEE YOUR DOCTOR IF SIGNS OF REDNESS, SWELLING, PUS, OR RED STREAKS OCCUR, OR IF THE WOUND FEELS MORE SORE INSTEAD OF LESS SORE AS THE DAYS GO BY.

HEAD INJURY:

REPORT TO YOUR DOCTOR OR RETURN HERE IMMEDIATELY IF ANY OF THE SIGNS LISTED BELOW OCCUR, EVEN IF SEVERAL WEEKS AFTER THE INJURY.

- ☐ Persistent vomiting, stiff neck or fever.
- ☐ Severe, persistent or worsening headache.
- ☐ Confusion or unusual drowsiness.
- ☐ Convulsions or unconsciousness.
- ☐ Pupils are unequal (one larger than the other).
- ☐ Stumbling or other problems with normal use of arms or legs or other areas of numbness.
- ☐ Blood or clear fluid from ears or nose.
- ☐ Clear liquid diet for the first 24 hours.
- ☐ Awake every _____ hours for the first 24 hours to make sure that patient is arousable and to check the above signs.

BACK AND NECK INJURIES:

- ☐ Read the included Back or Neck injury material.
- ☐ Return if severe pain down arms or legs or weakness or numbness of arms or legs develops.
- ☐ Bed rest as much as possible on a firm mattress until you are improved, or for _____ days.
- ☐ Avoid any lifting or positions that cause pain for at least _____ days.

DISPOSITION:

- ☐ You may return to work.
- ☐ You may not return to work until _____.
- ☐ You may return to light work _____ immediately _____ on _____.
- ☐ No school until _____.
- ☐ No physical education until _____.
- ☐ You were given Tetanus dt _____.
- ☐ DPT _____.

SPRAINS OR FRACTURE CARE:

- ☐ Elevate the injured part for _____ hours to lessen swelling and pain.
- ☐ Do not put weight on the injured part.
- ☐ Ice packs (cool) to area for hours to decrease the swelling and pain.
- ☐ If you have an elastic bandage, rewrap it if tight or too loose.
- ☐ If you have a cast, keep dry at all times.
- ☐ Wait 48 hours for the cast to become strong before you put pressure or weight on the cast.
- ☐ Wiggle toes and fingers to prevent swelling in the injured part. This should be done often if it does not cause pain.
- ☐ If the injured part swells in any way or gets cold, blue, numb, or pain increases markedly, have it checked promptly.
- ☐ Follow whatever other instructions you have been given by the cast clinic.

RESPIRATORY INFECTIONS:

- ☐ Treat fever if present with Tylenol® (see fever below).
- ☐ Drink lots of fluids.
- ☐ Use vaporizer (cool).
- ☐ Call MD or return if you have difficulty breathing.
- ☐ Take the prescriptions you have been given.

FEVER:

- ☐ Dress in light clothes (don't bundle up).
- ☐ Treat temperature if greater than _____ with Tylenol® _____ every four hours.
- ☐ If fever persists, patient should be placed in bath tub with lukewarm water. Massage the back and legs. DO NOT leave the patient unattended in the bath tub.

- ☐ Call MD if temperature (greater than 102°) persists in spite of treatment listed or if a seizure occurs.

VOMITING:

- ☐ Clear liquid diet but in frequent small amounts only.
- ☐ Watch for signs of dehydration (see below).
- ☐ Call your doctor if you notice blood in the vom.

DIARRHEA:

- ☐ Clear liquid diet.
- ☐ If not vomiting and keeps clear liquids down you may try fresh ripe bananas that have been mashed. Also dried toast may be tried.
- ☐ Call the MD if you see blood in the diarrhea.
- ☐ Watch for signs of dehydration (see below).

DEHYDRATION: Signs to look for:

- ☐ Decreased urine flow.
- ☐ Very sleepy, hard to wake up.
- ☐ Dizziness when standing up.
- ☐ Very dry mouth.
- ☐ No tears seen when patient cries.

OTHER INSTRUCTION SHEETS

___ ENGLISH ___ SPANISH

- | | |
|--|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Gallbladder Disease |
| <input type="checkbox"/> Angina/Heart Diseases | <input type="checkbox"/> Gastritis |
| <input type="checkbox"/> Baby Care | <input type="checkbox"/> Gonorrhea |
| <input type="checkbox"/> Bronchitis/Asthma | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Burns | <input type="checkbox"/> Kidney Stones |
| <input type="checkbox"/> Chest Injury | <input type="checkbox"/> PID |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Clear Liquid | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Congestion in infants | <input type="checkbox"/> Pyelonephritis |
| <input type="checkbox"/> Constipation in infants | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Syphilis |
| <input type="checkbox"/> D & C | <input type="checkbox"/> Threat Abort |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Urethritis |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> UTI |
| <input type="checkbox"/> Epididymitis | <input type="checkbox"/> Vaginitis |
| <input type="checkbox"/> Febrile Seizures | |

Other _____

ER RECHECK:

OTHER INSTRUCTIONS (INCLUDE NO PRESCRIPTIONS, DIAGNOSIS, AND X RAY) 1. Continue taking

colace and lactulose 2. Take dulcador as directed 3. Follow up with general surgery clinic

have received as well as demonstrated my understanding of the discharge instructions given

Patient Signature Beatriz Bucini

Date and Time 5/29/07 ~ 0240

Exit Interviewer Debra Ann Ortiz

Physician Signature [Signature]

Patient Education

☐ Learning needs/abilities assessed

Specify _____

☐ Barriers to learning

Specify _____

PRINTED BY: 101116

DATE

8/22/2007

AN MYLESME JOURNAL, E-04, APR 06/07





KERN MEDICAL CENTER
1830 Tower Street
Bakersfield, CA 93305

ALERT # 0714901 0
PATIENT BIOGINI BEATRIZ ANA
ADMIT DATE 05/29/07

MEDREC# 0001178074

DOB 06/30/54

EMERGENCY MEDICINE RECORD TEACHING PHYSICIAN ADDENDUM

HISTORY AND PHYSICAL

I have personally seen, evaluated and participated in this patient's services and find this patient's history and physical examination to be consistent with that documented by Dr. Pham

Brief history is as follows:

52 yo. Male. 1st. pain in leg, redness, swelling, after travel, unable to reduce. today again, and no response after 5 hrs. unable to reduce. history of hypertension, also pain.

On exam. I find as follows:

CONST/VITALS ☐ nl ☐ abn

HEENT ☐ nl ☐ abn

RESP ☐ nl ☐ abn

CVS ☐ nl ☐ abn

GI/GU ☐ nl ☐ abn

NEURO/PSYCH ☐ nl ☐ abn

MUSC/SKEL ☐ nl ☐ abn

OTHER ☐ nl ☐ abn

VSS, otherwise discomfort due to pain

BS (+), ECG (+), prolegon rectus, no thromboses

MEDICAL DECISION MAKING

I personally interpreted the EKGs, diagnostic x-rays and laboratory studies documented by the resident

DIAGNOSTIC TESTS REVIEWED

☐ LAB

☐ X-RAY

☐ EKG

☐ OTHER

I personally supervised the following medical treatment documented by the resident

I personally participated in the decision making and was present for, and supervised the following procedures

PROCEDURES:

☐ CCR AND ACES

☐ INTUBATION

☐ CRITICAL CARE _____ Mins

☐ CONSCIOUS SEDATION

☐ CHEST TUBE

☐ LUMBAR PUNCTURE

☐ CENTRAL LINE

☐ DPL

☐ ARTERIO/PARATHORACENTESIS

☐ BURSA/JOINT/TRIG-POINT INJ

☐ FX or DISLOC REDUC

☐ SPLINT/CAST

☐ TACER REPAIR/WOUND CARE

☐ DIGITAL EMBOLISM BLOCK

☐ OTHER

Rectal prolegon reduced

I agree with and participated in determining the final impression, treatment and disposition documented by the resident. See resident's note for details. Patient ☐ Admitted ☐ Disposed Rectal prolegon

I reviewed the resident's chart and impression(s) and/or care plan as follows:

Faculty Physician

☐ Dr. Smith 47

☐ Dr. Azar 48

☐ Dr. Patel 49

☐ Dr. Jones 50

☐ Dr. Miller 51

☐ Dr. Wilson 52

☐ Dr. Brown 53

☐ Dr. Garcia 54

☐ Dr. Kim 55

☐ Dr. Lee 56

☐ Dr. White 57

☐ Dr. Young 58





KERN MEDICAL CENTER
 17000 E. 17th Ave. Suite 100
 Bakersfield, CA 93305

ADULT # 07149011
 PATIENT BIOCINI, BEA T M Z ANA

MEDREC# 0001178074

ADMIT DATE: 05/29/07

ADMIT TIME: 23 09

DOB: 06/30/54

DO NOT write this

U
 IU
 µg
 QD, QOD, QID
 AS, AD, AL
 OS, PD, OU
 TIW or tww
 SS

What you should write

Unit
 International unit
 Microgram or mcg
 Daily, every other day, four times daily
 Left ear, right ear, both ears
 Left eye, right eye, both eyes
 Three times a week
 Sliding scale

DO NOT write this

gtt
 cc
 T3
 MgSO₄
 MS, MSO₄
 1 0 (zero after decimal)
 1 one zero before decimal

What you should write

Drop or drip (IV infusions)
 ml or mL
 Tylenol with Codeine 30 mg
 Magnesium sulfate
 Morphine Sulfate
 1 mg
 0.1 mg

DATE AND TIME

5/30/07 Please give 1 cc Morphine 8mg/1cc

00:20

1 cc Pkln 10mg/1cc

K. Pham 9704
 After 10:00 5/30/07

5/30/07 Versed 3mg/1cc

01:30

K. Pham 9704

em kp

PHYSICIAN'S ORDER FORM

DATE: 8/22/2007

PHYSICIAN'S ORDER FORM

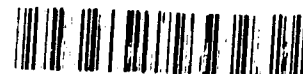


Exhibit F



KERN MEDICAL CENTER
1836 FLOWER ST.
BAKERSFIELD, CA. 93305

Owned & Operated by County of Kern

CLINIC RECORD NOTES

PATIENT NO. 0720700277		DATE ARRIVED 07/26/07	TIME 12:30	ARRIVAL MODE SHERIFF KERN CTY	PATIENT TYPE SUR	MEDICAL RECORD NO. 0001178074	
PATIENT NAME BIOCINI, BEATRIZ ANA		BIRTH DATE 06/30/54	AGE 53Y	SEX F	J COUNTY CORRECTIONAL		
STREET ADDRESS 17635 INDUSTRIAL FARM RD		CITY BAKERSFIELD	STATE CA	ZIP 93303	Pre-trial inmate		
PHONE (800)391-7913		SOC SEC NO. 000-00-0001	MARRIAGE STATUS		FINANCIAL CLASS		
INS. BOOKING 1709304		POI NO.	IMMUNIZATION		UP TO DATE		
EMERGENCY NO. 11		NONE AT THIS TIME		HOME PHONE		LANGUAGE A ENGLISH	
MANAGED CARE YMC		AUTHOR ID.		TIME		PLACE CATEGORY	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> WALK-IN <input type="checkbox"/> APPOINTMENT		<input type="checkbox"/> NO UP TO DATE	
CHIEF COMPLAINT/PROBLEM ROUTINE SURG CLN RED 1230P				PRIMARY CARE PHYSICIAN		ALLERGIES NKA	
PAIN Acute <input type="checkbox"/> Chronic <input type="checkbox"/>		WEIGHT 141	TEMP 97.1	PULSE 86	RESPIRATION 18	BLOOD PRESSURE 116/79	TIME 1:05
Location		Characteristic (stabbing, dull)		NURSE			
Pain Level: 5							

Are you having any problems with your activities of daily living? Yes ☒ No ☐ Problems ambulating? Yes ☒ No ☐

Safe in the home? Yes ☒ No ☐ Harmed/Threatened? Yes ☐ No ☐ IF yes, current or past

Reported To: C. Shiles By: Beatriz Ana Biochini

53 y/o f c/p rectal bleeding + rectal prolapse + pain
F/U for colonoscopy on 6/15 internal hemorrhoids
found. It will bleed.

53 y/o f c/p rectal bleeding + rectal prolapse + pain
1/2 yr w 1 yr. needs to use stool softeners or it
hurts. CTAB
heart: RRR, MØ
abdomen: ØBS, soft, NO
allergies: Ø needs: metaxil, colace, milk & magnesium
PHH: Ø
smoking: Ø
Eth: Ø

Diagnosis: Rectal prolapse, Stress incontinence, vag prolapse to

ASSESSMENT:

DIAGNOSIS

ICD-9CM:

1. rectal prolapse
2. vaginal prolapse
3. Stress incontinence

PLANS/ORDERS:

1. Return 8/20/07
2. SAE for prolapse repair

1st (taken) prior to procedure

DOCTOR SIGNATURE

FACILITY REVIEW

PRINTED BY: 101116

DATE 8/22/2007

MEDICAL RECORDS



ATTENDING NOTE:

HX:

PE:

LAB/XRAY:

IMPRESSION:

PLAN:

PATIENT: BIOCINI BEATRIZ ANA

ACCT #: 0720700277

MEDREC#: 0001178074

SIGNATURE: ADMIT DATE: 07/28/07 ADMIT TIME: 12:30

ATTENDING NOTE/ATTESTATION:

- ☒ I have examined and evaluated the patient. I have reviewed the resident's note and agree with the plan of care. I have discussed this with the resident.
- ☐ I have examined and evaluated the patient. I have reviewed the resident's note and agree with the plan of care except as noted below. I have discussed this with the resident.

PRINTED BY: 101116

DATE: 8/22/2007

INS 7.27.07 ✓
Auth Proxy OK

JC 0720700277 MEDREC 0001178074
BIOCINI, BEATRIZ ANA
SUR DATE: 07/26/07 DOB 08.30.64 SEX F

KERN MEDICAL CENTER
Owned & Operated by County of Kern

Beatriz Ana, BIOCINI
Case Management Department

SURGERY AUTHORIZATION REQUEST

- ☐ Emergent - Approval needed within three (3) days
☐ Urgent - Approval needed within ten (10) days
☒ Elective

Diagnosis: Rectal prolapse

Medical Justification: Recurrent incarceration
Bowel resection (LAR vs TAR)

Planned Procedure: Bowel resection / low anterior resection - sigmoid trans anal

Outpatient ☐ Inpatient ☒ Expected Length of Stay: 4 Days (resection)
in rectal
prolapse

Booking # 1709304

Resident: Honess
Chief/Senior Resident: _____
Staff: Cosma Taylor

Date: 7/26/07
Team: Red
Service: _____

Case Management Department Response

Date: 7.27.07

☒ OK to Schedule

☐ Approved by: MCal GK GN CCS Other _____

Outpatient Inpatient (LOS _____) Auth Expires: _____

☐ Deferred/Denied - Reason: _____

☒ TAR Not Needed

☐ Medi-Cal Restricted - Will Not Cover Elective Procedures. Requires Administration Approval.



KLRN MEDICAL CENTER

Owned and Operated by the County of Kern
Bakersfield, CA 93305

ST#0720700277

MEDREC 0001178074

BUCINI, BEATRIZ ANA

SUR DATE: 07/26/07 DOB: 06/30/54 SEX: F



OUTPATIENT AFTERCARE INSTRUCTIONS

It is important that you follow-up as directed and please report to your doctor if symptoms persist or worsen. When clinic is closed, please seek emergency care. Please bring all medications with you to every clinic visit. Medication refills: Please call at least 7 days before running out.

☐ **CLEAR LIQUID DIET**

- One the problem for which you are using this diet stops,
EAT ONLY:
- ☐ Clear Soups
 - ☐ Pedialyte, Lytron
 - ☐ DO NOT DILUTE PEDIALYTE
 - ☐ Soft diet-after liquid diet for 6 hours. No raw vegetables or fruits

☐ **VOMITING**

- ☐ Clear liquid diet (see above) but in frequent small amounts only
- ☐ Watch for signs of dehydration (see below)
- ☐ Call your doctor if you notice blood in the vomitus

☐ **DIARRHEA**

- ☐ Clear liquid diet (see above)
- ☐ If not vomiting and keeps clear liquids down you may try fresh ripe bananas that have been mashed. Also dried toast may be tried
- ☐ Call the MD if you see blood in the diarrhea
- ☐ Watch for signs of dehydration (see below)
- ☐ Return to Clinic sooner or _____ to ER call us if
Fever or _____ not better in 3 days
- ☐ Chest pains

☐ **WOUND CARE**

- ☐ Keep wound covered until rechecked
- ☐ If dressings get wet or dirty you should change them _____ call your MD or the ER
- ☐ Leave wound open to the air
- ☐ You may wash the wound after _____ days
- ☐ Return for wound check in _____ days
- ☐ Sutures to be removed in _____ days
- ☐ Limit movement of the affected part
- ☐ Elevate the injured part higher than your heart, to decrease swelling and improve healing for _____ hours
- ☐ Cool packs to the area to prevent swelling and pain for _____ hours

DESPITE THE GREATEST CARE, ANY WOUND CAN BE INFECTED. RETURN IMMEDIATELY OR SEE YOUR DOCTOR IF SIGNS OF REDNESS, SWELLING, PUS OR RED STREAKS OCCUR, OR IF THE WOUND FEELS MORE SORE INSTEAD OF LESS SORE AS THE DAYS GO BY.

Tests Ordered: _____

SAR Submitted for approval

Patient Education

☐ Learning needs/abilities assessed

Specify: _____

☐ Barriers to learning

Specify: _____

Follow up/Additional Instructions:

Return to bed surgery Mon Aug 20, 07 100%

I have received as well as demonstrated my understanding of the discharge instructions given:

Patient Signature: *[Signature]*Ext Interviewer Signature: *[Signature]*

Division of Immigration Health Services

Treatment, Authorization & Consultation Form

SEND PAPER CLAIMS TO:

Division of Immigration Health Services
VA Financial Services Center
PO Box 149345
Austin, TX 78714-9345

For EDI claim submission information and claim inquiries, please contact 1.800.479.0523

Claims must be submitted within six months from date of health service.

For proper provider claim submission information, please visit: www.icehealth.org/ProviderInfo.htm

A separate treatment authorization request will be required for services beyond and outside the scope of the original authorization. Services rendered may not be paid without an approved authorization. All payment for services is subject to detainees' eligibility and custody. Unless otherwise specified, payment for DIHS' authorized health services is made in accordance with US Code Title 18, Part 3, Chapter 301, Sec. 4006. For all non-emergency authorized health services this TAR is valid for 45 days after the date of issue and cannot be used for health services rendered prior to the date of issue. All claims are subject to retrospective review. For further information regarding DIHS, please visit our website: www.icehealth.org or contact the Immigration Health Services' Managed Care Branch at 1.888.718.8947, M-F 8AM - 6PM EST.

Please ensure all claims include the Patient Identification Information and the Authorization number.

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:	
Name: ANA BEATRIZ BIOCINI	Alias:
DOB: 06/30/1954	A #: 091182333
Nationality: COLOMBIA	Facility: Kern Co Jail, CA

AUTHORIZED ACTION:

Status: Denied Auth #: 200707279367 00 Authorizer: Neal Collins
Service Type: Non-Emergency
Referral Type: 21

To: (Name and Phone to whom referral is being made)

Dialogue of Request:

Clinical information submitted to the DIHS Staff MD.

Based upon the information submitted, the request for elective surgical rectal and vaginal prolapse repair is denied.

Updated by Claudia Mazur, RN, CCM on Tuesday, July 31, 2007

Exhibit G

KERN M. CAL CENTER
Owned & Operated by County of Kern
BAKERSFIELD, CA. 93305

CLINIC RECORD NOTE

STAR ACCOUNT NO. 0724200853		DATE ARRIVED 08/30/07	TIME 13:05	ARRIVAL MODE	PATIENT TYPE OPJ	MEDICAL RECORD NO. 0001178074	
PATIENT	NAME BIOCINI, BEATRIZ ANA			BIRTHDATE 08/30/54	AGE 53Y	SEX F	
	STREET ADDRESS 17635 INDUSTRIAL FARM RD			CITY BAKERSFIELD	STATE CA	ZIP 93303	
	PHONE (000)391-7913			BCC.SEC.NO 000-00-0001	MARITAL STATUS		FINANCIAL CLASS J COUNTY CORRECTIONAL
	INS. POL. BK#1709304			HOME PHONE		BUSINESS PHONE	
IN EMERGENCY NO/YES		NONE AT THIS TIME		IMMUNIZATION UP TO DATE		LANGUAGE A ENGLISH	
MANAGED CARE/IMO <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		AUTHORIZED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		TRIAGE CATEGORY	<input type="checkbox"/> WALK-IN <input checked="" type="checkbox"/> APPOINTMENT		
CHIEF COMPLAINT/PROBLEM W/IRGYN/LOPEZ				PRIMARY CARE PHYSICIAN		ALLERGIES	
PAIN	Acute <input type="checkbox"/>	Location					
	Chronic <input type="checkbox"/>	Duration					
Pain Level		Vital Signs		HEENT	HEENT	HEENT	HEENT
		Vital Signs		HEENT	HEENT	HEENT	HEENT

Are you having any problems with your activities of daily living?

Are you having any problems ambulating?

VLL done at 1:10 pm CE 11000.

8:30-07 @ 2:40 - 2:45 pm

Chapered Dr. Lopez with exam
R. along machine car

DISABILITY
ICD-9CM

FINAL DIAGNOSIS

FAXED
[Signature]

DOCTOR SIGNATURE

DISPOSITION OTHER THAN HOME

PAGE 1 ONLY ATTACH AFTER CARE INSTRUCTIONS

FACULTY REVIEW



KERN MEDICAL CENTER
Owned & Operated by County of Kern

ACCT. 24200853 MEDREC 0001178074
BIOCINI, BEATRIZ ANA
OPJ DATE: 08/30/07 DOB: 08/30/54 SEX: F

Case Management Department

SURGERY AUTHORIZATION REQUEST

- ☐ Emergent - Approval needed within three (3) days
☒ Urgent - Approval needed within ten (10) days
☐ Elective

CO - DEPT
OB/GYN & General Surgery

Diagnosis: PROLAPSA / RECTAL PROLAPSE

Medical Justification: PROLAPSED UTERUS / RECTUM

Planned Procedure: TVH vs. UTERINE SUSPENSION AND PERINEAL RECTOPEXY

Outpatient ☐ Inpatient ☒ Expected Length of Stay: (3) Days

Resident: T. HANG 307-2447 Date: 8/30/07
 Chief/Senior Resident: u Team: (12)
 Staff: Dr. Lopez Service: 944

Case Management Department Response

Date: _____

- ☐ OK to Schedule
☐ Approved by: MCal GK GN CCS Other _____

Outpatient Inpatient (LOS _____) Auth Expires: _____

- ☐ Deferred/Denied - Reason: _____
☐ TAR Not Needed
☐ Medi-Cal Restricted - Will Not Cover Elective Procedures. Requires Administration Approval.



FAXED
8/30/07



KERN MEDICAL CENTER
1830 FLOWER STREET
BAKERSFIELD, CA. 93306
(661)326-2000

Owned & Operated by
County of Kern

STAR ACCOUNT NO. 0724200853	DATE ARRIVED 08/30/07	TIME 13:08	ARRIVAL MODE	PATIENT TYPE OPJ	MEDICAL RECORD NO. 0001178074
PATIENT NAME BIOCINI, BEATRIZ ANA			PRIMARY INSURANCE 908000		
BIRTHDATE 08/30/54		AGE 53Y	SEX F		

GYN CLINIC

☐ New Patient ☐ Established Patient

Date: 8/30/07 BP: 106/68 Pulse: 96 Resp: 17 Temp: 97.2 Weight: 142 Initial: CE

Marital Status: ☐ S ☐ M ☐ W ☐ D ☐ SP

Referred By: _____

Menarche: _____ G 4 P 1 A 3 L 1 LMP: 4 months

Last Pap Test: 3/26/07 ☒ Normal ☐ Abnormal BCP Method: _____ Past: _____

Mammogram: _____ ☐ Normal ☐ Abnormal

Allergies: ☐ Yes ☒ NO If yes, list _____

Medications: NONE

I. C.C. Hx of present illness:		Lab results	Attending HPI																												
<p>57 y/o referred for uterine prolapse by general surgery (Wade Thomas) during their workup for her rectal prolapse. Pt states she has this problem ~ 2 yrs. Pt currently in Lenoxx due to immigration problems.</p>		<p><u>PH @</u></p>																													
II. Past Medical, Surgical History:		V. System Review																													
<p>Lipomatosis Uterine prolapse</p> <p><u>GYN Hx:</u></p> <ul style="list-style-type: none"> - <u>§ 570's</u> - <u>§ rectal prolapse</u> - <u>§ coitus</u> - <u>G 4 P 1</u> - <u>NBVD +</u> <p>? Birth control § enoxaloxone</p>		<p>• = negative + = positive</p> <table border="1"> <tr><td>1. Constitutional</td><td>-</td></tr> <tr><td>2. Eyes</td><td>-</td></tr> <tr><td>3. ENT</td><td>-</td></tr> <tr><td>4. Cardiovascular</td><td>-</td></tr> <tr><td>5. Respiratory</td><td>-</td></tr> <tr><td>6. Gastrointestinal</td><td>+</td></tr> <tr><td>7. Genitourinary</td><td>+</td></tr> <tr><td>8. Musculoskeletal</td><td>-</td></tr> <tr><td>9. Integumentary</td><td>-</td></tr> <tr><td>10. Neurological</td><td>-</td></tr> <tr><td>11. Psychiatric</td><td>-</td></tr> <tr><td>12. Endocrine</td><td>-</td></tr> <tr><td>13. Hematologic</td><td>-</td></tr> <tr><td>14. Allergic</td><td>-</td></tr> </table>		1. Constitutional	-	2. Eyes	-	3. ENT	-	4. Cardiovascular	-	5. Respiratory	-	6. Gastrointestinal	+	7. Genitourinary	+	8. Musculoskeletal	-	9. Integumentary	-	10. Neurological	-	11. Psychiatric	-	12. Endocrine	-	13. Hematologic	-	14. Allergic	-
1. Constitutional	-																														
2. Eyes	-																														
3. ENT	-																														
4. Cardiovascular	-																														
5. Respiratory	-																														
6. Gastrointestinal	+																														
7. Genitourinary	+																														
8. Musculoskeletal	-																														
9. Integumentary	-																														
10. Neurological	-																														
11. Psychiatric	-																														
12. Endocrine	-																														
13. Hematologic	-																														
14. Allergic	-																														
III. Family History:																															
<p>§</p>																															
IV. Social History:		VI. Residents Past Medical Hx, Family Hx, Social Hx and ROS reviewed by attending physician: <input type="checkbox"/> Yes																													
<p><u>§ T/E/L/V</u></p>																															

FAXED

08/30/07



ACCT # 0724200853
PATIENT BOCINI, BEATRIZ ANAMEDREC# 0001178074
008/08/30/84

VII. Physical Exam

- ☐ Attending present and concur with Resident findings
☐ Other: please fill the box below

Resident Findings

Attending Physician findings

	N	A		N	A
1. Appearance					
2. Skin					
3. HEENT					
4. Thyroid					
5. Lymph nodes					
6. Heart					
7. Lungs					
8. Breasts					
9. Axillary nodes					
10. Suprclav nodes					
11. Abdomen			QBS, soft, ntrnd		
12. M. Skeletal					
13. Extremities					
14. Neurological					

VIII. Gynecological Exam

- ☐ Attending present and concur with Resident findings
☐ Other: please fill the box below

	N	A		N	A
15. External Genitalia	/				
16. Urethra	/				
17. Bladder		/	cystocele IV		
18. Vulva/vagina	/				
19. Cervix	/		prolapse		
20. Uterus	/		uterine prolapse		
21. Adnexa	/		prolapse		
22. Anus/Perineum		/	rectal prolapse		

N = Normal A = Abnormal

IX. Diagnosis, Assessment

- ① uterine prolapse
 (rectocele)
 ② rectal prolapse

X. Investigations

- ☐ Pap
☐ Mammogram
☐ Ultrasound
☐ Others

XI. Treatment, Plan

- ① uterine suspension
 TVH, A&P, pessary TOT
 ② perineal rectopexy

Resident Signature

② SAR sent

Y 1053

Faculty Review

Diagnosis Assessment

Treatment, Plan



08/30/07

Attending Physician Signature

Division of Immigration Health Services

Treatment, Authorization & Consultation Form

SEND PAPER CLAIMS TO:
 Division of Immigration Health Services
 VA Financial Services Center
 PO Box 149345
 Austin, TX 78714-9345

For EDI claim submission information and claim inquiries, please contact 1.800.479.0523

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Please ensure all claims include the Patient Identification Information and the Authorization number.

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:	
Name: ANA BEATRIZ BIOCINI	Alias:
DOB: 06/30/1954	A #: 091182333
Nationality: COLOMBIA	Facility: Kern Co Jail, CA

AUTHORIZED ACTION:

Status: Denied Auth #: 200709146544 00 Authorizer: Neal Collins
 Service Type: Non-Emergency
 Referral Type: 99

To: (Name and Phone to whom referral is being made)

Dialogue of Request:

TAR request is denied per consult with DIHS staff physician
 Updated by Gia Lawrence on Tuesday, September 18, 2007

F/U GYN 10/02/07 to discuss performing uterine suspension & perineal rectopexy
 to correct prolapsed uterus/rectum MD progress notes faxed.
 Thank you!

 This event's case was created by TARweb and should be verified for data correctness.

Exhibit H

**KERN MEDICAL CENTER
CORRECTIONAL MEDICINE DEPARTMENT**

Ym
10/24/07

Facilities: ☐ Central Receiving ☒ Pretrial ☐ Minimum

Inmate's Name Biocini Ana Beatriz

Booking Number 1709304 Location B416

Starting Date 10/24/07 Ending Date Durham

Check all that apply:

- ☐ Provide change of towels daily until _____
- ☐ Change personal clothing and bed linen daily until _____
- ☐ May use crutches/walker/wheelchair due to medical problem _____
- ☐ Lower bunk due to medical problem
- ☐ Lower bunk, lower tier
- ☐ Non wool blanket due to skin allergies/wool allergies
- ☐ Thermals due to medical problem
- ☐ White canvas shoes due to diabetes ☐ Foot deformities ☐
- ☐ May have own prescription glasses from home
- ☐ Double mattress due to: _____
- ☐ Provide bed location: away from cooler or vents
- ☒ No shackles on (which extremity) Legs due to medical problem
- ☐ Seizures
- ☐ Other: _____

Comments: _____

By: Unostef JBW Date: 10/24/07

Shift Supervisor: _____ Date: _____

01/27/04

Del JH #441
10/24/07
C1550